



STATE OF WASHINGTON
WASHINGTON STATE BOARD OF HEALTH
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January 12, 2005

TO: Members of the Washington State Board of Health

FROM: Tom Locke, Board Chair

RE: HIV/AIDS POLICY DISCUSSION, CHAPTER 70.24 RCW AND CHAPTERS 246-100 AND 246-101 WAC

Summary

Our understanding of HIV infection and social attitudes about HIV disease have changed significantly in the decade and a half since the AIDS Omnibus Act was enacted in 1988 and the associated rules first written. In response to the changing nature of the epidemic, the Washington State Association of Local Public Health Officials (WSALPHO) asked the Board and the Department of Health (DOH) to review all statutes, rules, and policies related to HIV/AIDS and other blood borne infections such as hepatitis C (see attached resolution). The agencies jointly initiated two related processes—one to update existing Board rules and the other to examine broader issues that may need to be addressed by the Legislature.

I have invited representatives from DOH to give the Board an update on the ongoing work to review and revise existing HIV/AIDS policies. Jack Jourden is the Director of Infectious Disease and Reproductive Health, John Peppert is the Manager of HIV Prevention and Education Services, and Claudia Catastini is the Counseling, Testing, and Referrals and Partner Counseling and Referral Services Coordinator. The discussion today will include background information on the history of HIV/AIDS policy in Washington State and the changing HIV epidemic, a summary of ongoing activities, and a discussion of emerging policy issues related to HIV testing, HIV counseling, HIV partner notification and referral services, and HIV transmission education for HIV-positive individuals.

Several of these issues will be addressed in the proposed rules that the Board is scheduled to hold a public hearing on in May. More detailed discussions on specific policy areas can be arranged for the March meeting at the request of the Board.

Recommended Board Action

None

Background

In December 2002, WSALPHO requested that the Board and DOH “consider a process to update policies, rules, and/or regulations concerning HIV/AIDS and other blood borne infections to reflect advances in the science of disease prevention and current best public health practices.” This resolution along with other reports and recommendations such as the 2001 Washington State HIV Policy Summit Report, the Washington State HIV Prevention Study Committee Report (March 2002), and the CDC Advancing HIV Prevention Initiative prompted the agencies to initiate two related processes: one to update existing Board rules and another to examine the full range of policy issues raised by changes in disease incidence, prevalence, treatment protocols, societal attitudes, and public health priorities and practices, including those issues outside the scope of current Board rules.

In September 2003, the Board and DOH initiated a review of the Board’s HIV-related rules, Chapters 246-100 and 246-101 WAC. The purpose of the rule review was to explore ways to 1) increase the proportion of HIV-infected persons who know their HIV status; 2) increase the proportion of persons exposed to HIV who are informed of that exposure; and 3) address the prevention and control of blood borne infections other than HIV. The review process included soliciting input from the general public through stakeholder meetings in Spokane and Tacoma and considering the content of reports and issue papers from various agencies and community based organizations. Based on this review, DOH staff drafted changes to the WACs. Proposed changes were vetted through several stakeholder meetings throughout the state and the rules are currently undergoing another round of changes before being filed with the Office of the Code Reviser and opened for formal public comment and public hearing.

Several policy issues were identified during the rule review process. Consent and counseling requirements were seen by many to be barriers to HIV testing. The counseling requirements were regarded as burdensome and did not allow for a client-centered approach. Many misunderstood the consent requirements and thought that written informed consent was required before testing. It was also found that new testing methods and technologies were not included in the existing regulation. Conflicting opinions emerged over the purpose and value of the requirement to offer or inform individuals of the availability of anonymous HIV testing. The rule review also found that the rules related to partner notification and referral services lacked adequate standards and placed the primary responsibility of contacting partners of HIV-positive individuals on health care providers and patients, who often lack the skills and resources to successfully carry out partner notification and referrals. Another policy issue identified during the rule review related to the importance of providing appropriate education to HIV-positive individuals about transmission of HIV to others.

The Board and the Department also convened an HIV Policy Collaborative to review and discuss a broad spectrum of related HIV/AIDS policy issues. The group’s membership includes persons living with HIV and representatives of major community-based organizations, public health programs, professional associations and organizations, and advisory groups dealing with HIV policies and services. The Collaborative has discussed issues ranging from how to deal with people whose behaviors repeatedly put others in danger to whether the 1988 AIDS Omnibus Act should be amended to address other blood borne infections as well. Members of the Collaborative, both individually and as a group, have also contributed comments and recommendations regarding revisions to Chapters 246-100 and 246-101 WAC. The Collaborative has met six times to date and plans to reconvene in 2005 after the current legislative session to address more HIV/AIDS related topics.